## **Resident Personal Income Tax Return**

1996

Mail to: Arizona Department of Revenue, PO Box 29002, Phoenix AZ 85038-9002

For the year January 1 - December 31, 1996, or other tax year beginning, 1996, and ending						, 199	7. 66		
	name and initial - if joint return, also give spouse's name and initial Last name Your social se				Your social securit	y number			
<u>1</u>	l de e		Anthonorus de tracte de la contracte de la con	No. In a contract of			<u> </u>		
Present home address - number and street, rural route					Spouse's social se	curity nun	nber I		
						For DOR use	only		—
3	it Offic		94 (	h			,		
	4		Married filing joint return	)					
Filing Status	5		Head of household - name of qualifying dependent :						
			Married filing separate return. Enter spouse's social secur	rity number above					
Check	6		and full name here.	,					
one	7		Single		88				
Exemptions	8		Age 65 or over (you and/or spouse)						
Enter number	9		Blind (you and/or spouse)		la d				
claimed	10	<del>     </del>							
Income	11	Fede	ral adjusted gross income (from your federal return)				11		00
	12 Additions to income (from page 2, line B9)						12		00
	I		unts received from an individual medical savings account				13		00
	14		ines 11, 12 and 13				14		00
	15	•	sits and employer contributions into individual medical sav	•		00			
	l		ive subtraction of 1996 federal retirement contributions. Se			00			
	17		nption - Age 65 or over. <i>Multiply number in box 8 by \$2,100</i>			00			
	18 Exemption - Blind. Multiply number in box 9 by \$1,500       18       00         19 Exemption - Dependents. Multiply number in box 10 by \$2,300       19       00								
						00			
	20		ractions from income (from page 2, line C19)subtractions. Add lines 15 through 20			00	21		
	22		na adjusted gross income. Subtract line 21 from line 14				21		00
			ictions. Check box and enter amount. 23 I ITEMIZED				22		00
Figuring						00			
Your Tax							25		00
ind standard			na taxable income. Subtract line 25 from line 22				26		00
Find standard deduction							27		00
amounts on	20	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '							
page 12 of the							28		00
nstructions			ly income tax credit from worksheet on page 15			00	27		00
IMPODTANT	1		its from Arizona Form 301, line 33			00			
IMPORTANT Attach Federal									
Schedule A	33	2 Credit type. Enter form number of each credit claimed 32 3 3 3 3 3 3 5 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							00
or Telefile	34	Total tax. Subtract line 33 from line 29. If line 33 is more than line 29, enter zero					33		00
Worksheet	35					00			
if you itemized.	36	Balance of tax. Subtract line 35 from line 34. If line 35 is more than line 34, enter zero					36		00
Payments/	37	Arizo	na income tax withheld during 1996		37	00			
Credits			na estimated tax payments for 1996			00			
<del></del>	39		unt paid with 1996 Arizona extension request (Form 204)			00			
	40	Prop	erty tax credit. Attach Arizona Form 140PTC and enter amo	ount claimed	40	00			
	41	Tota	payments/credits. Add lines 37 through 40				41		00
Refund or			DUE. If line 36 is larger than line 41, enter amount of tax d				42		00
Tax Due	43		RPAYMENT. If line 41 is larger than line 36, enter amount				43		00
Attach	44	Amo	unt of line 43 to be applied to 1997 estimated tax	44	00				
copy of your Forms	45	Balance of overpayment. Subtract line 44 from line 43					45		00
W-2 and				izona Wildlife Fund	46	00			
1099-R				ighbors Helping Neigh		00			
here.	[ [			luntary political gift		onublican			
Attach	1		k only one if making a political gift: 1  Democratic 2 [						
check or			nated payment penalty and interestk applicable box(es). 1  Annualized/Other 2  Far			tached 00			
money	5.0		idual medical savings account penalty			lached 00			
order on	55						55		00
top of any Forms W-2	1						56		00
and 1099-R.	57						57		00
	101	AMOUNT OWED. Add lines 42 and 55. Include social security number on payment						OOR USE OO	1 00

PART A	AT	List children and other	dependents. If more space is n	ieeded, attach a s	eparate	sneet.		_					
Dependents		First name	Last name	Social security r			number Relatio		onship		No. of months lived in your hom- in 1996		r home
Do not list													
yourself or											4		
spouse.							-				+		
							1				+		
	A2	· ·	persons listed in A1 here and or							OTAL	A2		
	A3		e dependents listed above who	do not qualify as y	our dep	endent (	on your fed	deral return beca	use:				
			ncome was \$2,550 or more ed a joint federal return with his/l	har snausa									
			ependent under the Arizona age										
PART B	B4		ıl interest							B4			00
Additions	B5												00
to Income	B6	Ordinary income portion of lump-sum distributions excluded on your federal return								B6			00
	B7		servation expenses							B7			00
	B8		ome. See instructions and attack	•						B8			00
	B9		rough B8. Enter here and on the							B9			00
PART C		•	ations such as U.S. Savings Bor	,						C10 C11			00
Subtractions			Arizona state or local governme rinnings included as income on the contract of the contract o							C12			00
from		•	Railroad Retirement Act benefi	•						C13			00
Income		•	tributed to Arizona charitable or		-					C14			00
			es and refueling equipment							C15			00
		•	ve Americans							C16			00
			m other states							C17			00
			m income. <i>See instructions and</i> hrough C18. Enter here and on							C18 C19			00
PART D			penses						00	617			
PARID			d dental expenses included on l						00				
Adjustments	D21		ual medical savings account				D21		00				
to itemized		Medical expenses allo	owed to be taken as a federal ite	emized deduction			D22		00				
deductions			22. Enter the result here						00				
from federal 1040,			n line D20							D24			00
Schedule A			ved as a federal itemized deduc gs included in your federal adju:						00				
or Telefile			gs included in your lederal adjust ttery subtraction from line C12	•					00				
worksheet.			•						00				
Attach		Maximum allowable gambling loss deduction. Subtract line D27 from line D26								D29			00
Schedule		If you are claiming the credit for property taxes paid by a qualified defense contractor, enter the											
		amount of property taxes allowed as a federal itemized deduction								D30			00
			federal itemized deduction that							D31			00
			nes D29, D30 and D31ons allowed to be taken on fede						00	D32			00
			ons allowed to be taken on lede I line D24 above						00				
			4						00				
	D36	Enter the amount from	line D32 above						00				
	D37	Adjusted itemized ded	uctions. Subtract line D36 from	line D35. Enter he	ere and o	on the fr	ont of this	form, line 23		D37			00
PART E	E38	Last name(s) used in p	orior years if different from name	e(s) used in currer	ıt year.								
			attachments with it. Under penaltie					edge and belief, th	ey are	true, co	rect a	nd compl	ete.
	Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Your signature   Date   Occupation												
Please													
Sign	Spo	use's signature		Date			Spouse's	occupation					
Here		- 											
Paid	Prep	arer's signature		Date	Firn	n's name	(preparer's	if self-employed)					
Preparer's	D	araria TIN		Dramanaile									
Information	Prep	arer's TIN		Preparer's addr	£22								